



## Non-KORA Agency Records Request Form\*

### REQUESTOR INFORMATION

Requestor Name \_\_\_\_\_  
Requestor Position \_\_\_\_\_  
Requestor Work Phone \_\_\_\_\_  
Requestor Work FAX \_\_\_\_\_  
Requestor Work Email \_\_\_\_\_  
Alternate Requestor Name \_\_\_\_\_  
Alternate Requestor Position \_\_\_\_\_  
Alternate Requestor Work Phone \_\_\_\_\_

### REQUEST INFORMATION

Specific Reason for Request:

Child Protective Investigation                       Ongoing Child Protective Case   
Active Investigation/Case                                       Closed Investigation/Case

Additional Comments:

### RECORD INFORMATION

Please provide the following information on the person whose Kansas DCF case history is being requested.

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Maiden Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Race \_\_\_\_\_  
Sex \_\_\_\_\_  
SSN \_\_\_\_\_

---

I hereby certify that I will not:

- (A) use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or
- (B) sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed. i

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return form to:

Kansas Department for Children and Families  
Non-KORA Agency Records Officer  
Prevention and Protection Services  
555 S Kansas Ave., 4<sup>th</sup> Floor  
Topeka, KS 66603

\*This form is provided as a convenience in making your written request. Updated 11/15/16